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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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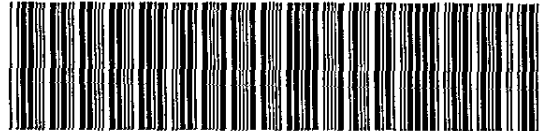
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMAC Direct Insurance Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jodi G. Lash, Consultant

(Name of Person)

J. Lash & Company

(Firm/Company)

40 Winterberry Lane, Suite 100

(Address)

Moreland Hills, Ohio 44022

(City/State and Zip code)

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For further information concerning this matter, please call:

Jodi Lash

(Name of Person)

at (440) 248-2117

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. GMAC DIRECT INSURANCE COMPANY
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Missouri 3. 43-1898350
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 18, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1 GMAC Insurance Plaza, Hazelwood, Missouri 63045
(Principal office address)

1 GMAC Insurance Plaza, Hazelwood, Missouri 63045
(Current mailing address)

8. Transact the business of insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation Systems

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

 **Diane Stout, Asst. Secretary**
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors: **SEE ATTACHED LIST**

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **Gary Y. Kusumi, President & CEO Director**
(Typed or printed name and capacity of person signing application)

GMAC Direct Insurance Company
Officers and Directors List

<u>Name and Title</u>	<u>Business Address</u>
Gary Y. Kusumi, President & CEO Director	1 GMAC Insurance Plaza Hazelwood, Missouri 63045
J. William Anderson, Jr., Vice President	1 GMAC Insurance Plaza Hazelwood, Missouri 63045
Kenneth J. Jakubowski, Vice President	500 West Fifth Street Winston-Salem, North Carolina 27152
Sheena E. Poe, Vice President & Secretary Director	500 West Fifth Street Winston-Salem, North Carolina 27152
Verne E. Purvines, Vice President, Asst. Secretary	1 GMAC Insurance Plaza Hazelwood, Missouri 63045
Donald J. Bolar, Treasurer	500 West Fifth Street Winston-Salem, North Carolina 27152
Daniel C. Pickens, Vice President, Actuary Director	500 West Fifth Street Winston-Salem, North Carolina 27152
John C. Beattie, Vice President, Director	1 GMAC Insurance Plaza Hazelwood, Missouri 63045
Bernard J. Buselmeier, Vice President, Director	500 West Fifth Street Winston-Salem, North Carolina 27152
John Urankar, Vice President, Director	1 GMAC Insurance Plaza Hazelwood, Missouri 63045
Gerald Filler, Vice President	1 GMAC Insurance Plaza Hazelwood, Missouri 63045

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Mitchell F. White, Vice President & CMO, Director

817 West Peachtree St., Ste. 200
Atlanta, Georgia 30308

Thomas W. Stuert, Vice President

1 GMAC Insurance Plaza
Hazelwood, Missouri 63045

Jose Trasancos, Vice President, Director

1 GMAC Insurance Plaza
Hazelwood, Missouri 63045

Daniel Evangelista, Jr., Vice President

1 GMAC Insurance Plaza
Hazelwood, Missouri 63045

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STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri do hereby certify that the records in my office and in my care and custody reveal that

GMAC DIRECT INSURANCE COMPANY

was incorporated under the laws of this State on the 18th day of AUGUST, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of APRIL, 2003.


Secretary of State



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